

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09-681413

FILING DATE

033001

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | ✓ | | | | | |
| 2 | | ✓ | | | | |
| 3 | | ✓ | | | | |
| 4 | | ✓ | | | | |
| 5 | | ✓ | | | | |
| 6 | | ✓ | | | | |
| 7 | | ✓ | | | | |
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| 29 | ✓ | | | | | |
| 30 | | ✓ | | | | |
| 31 | | ✓ | | | | |
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| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | 32 | | | | | |
| TOTAL CLAIMS | 36 | | | | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY